



COMMISSION ON GOVERNMENTAL ETHICS AND ELECTION PRACTICES
Mail: 135 State House Station, Augusta, Maine 04333
Office: 45 Memorial Circle, Augusta, Maine

Website: www.maine.gov/ethics

Phone: 207-287-4179 Fax: 207-287-6775

2010 STATEMENT OF SOURCES OF INCOME (1 M.R.S.A. §§ 1016-A - 1019)

Covering the calendar year January 1, 2010 through December 31, 2010

Please file this statement with the <u>Clerk of the House</u> or <u>Secretary of the Senate</u> by **5:00 p.m. on February 18, 2011.**Please contact Commission staff at 287-4179 or come to the Commission office at 45 Memorial Circle, Augusta, if you have any questions about this form, your reporting requirements, or how to report specific situations.

LEGISL	ATOR INFORMATION		
Hanna D. Blodgett		Office: M House	☐ Senate
Mailing address 13 Greenwood C	District 56		
Anna D. Blodgett Mailing address 13 Greenwood C. City, zip code Augusta, ME	Phone 622-3467		
PART 1. INCOME DERIVE	ED FROM EMPLOYMENT BY ANO	OTHER	
List the name and address of each employer from whom yo economic activity of each employer.	ou received compensation of \$1,000 c	or more. Specify	the principal type of
☐ None			
Name of Employer	Address		of Economic Activity mployer
NET OF CHARLES		Addition of the Addition of th	
PART 2. INCOME DERIVED FRO	OM SELF-EMPLOYMENT OR LAV	V PRACTICE	
A. List the name and address of your business or law firm, if derived income. If associated with a partnership, firm, profess activity or practice of that entity.			
□ None	эртөөгүүлжөгүүлжөгүүлжөгүүлжөгүүлжөгүүлжөгүүлжөгүүлжөгүүлжөгүүлжөгүүлжөгүүлжөгүүлжөгүүлжөгүүлжөгүүлжөгүүлжөгүү	······································	
Name and Address of Business Entity or Law Firm	Major Areas of Economic Activity/ Law Practice (self)	Major Areas of Economic Activity/ Law Practice (partnership, association, firm or similar business entity)	
Name:		7031	······································
Address:		ar the vertical and the second	
Name:			од менен и под
Address:		1900	

PART 2 (continued). INCOME DE	RIVED FROM SELF-EMPLOY	
B. List each source of income derived from self-employment or la \$1,000, whichever is greater, and specify the principal type of econome. If this form of disclosure is prohibited by law, rule, or an estimate economic activity of the entity or person from whom the income was	onomic activity of the entity or p tablished code of professional eth	erson from whom you derived such
Name and Address of Source		Principal Type of Economic Activity of Entity or Person Who is the Source of the Income
Name:		Hermonian
Address:		A STATE OF THE STA
Name:		
Address:		
PART 3. OTHER SO	OURCES OF INCOME	
List each source of income of \$1,000 or more <u>not listed</u> in Parts 1 or box.	2 of this form. Do not include gifts	or honoraria. If none, check the
☐ None		
Name and Address of Source		Kind of Income (investments, leases, etc.)
Name: Me State Retirement (1) Address: Surall St. Mugusta,	MEPERS) Me	Retrement
Name:	**************************************	
Address:		The second secon
Name:		
Address:		
PART 4. REPORT	ABLE LIABILITIES	
List the names of creditors for any <u>unsecured</u> loans of \$3,000 or mareas of economic activity of each creditor. Do not list credit card liable regulated financial institutions. If none, check the box.	nore that you received during the oillities, educational loans, loans fro	reporting period, and list the major om a relative, or business loans from
☐ None		The state of the s
Name and Address of Creditor		Principal Type of Economic Activity of Creditor
Name:		
Address:		
Name:		
Address:		
	RTABLE GIFTS	
List the specific source of gifts received during the reporting period wi	th an aggregate value of more tha	n \$300. If none, check the box.
None	TOO AND TO A STATE OF THE STATE	
Name of Source of Gift 1.	Name of 3.	Source of Gift
2.	4.	

PART 6. REPORTABLE HONORARIA					
List the source of any honoraria accepted for appearances or s	peeche	s. If none, check the box.	And Andrew Control of the Control of		
None	***************************************	эдэгдэгдэгдэгд халаан хараан хара Хараан хараан хараа	Active Established Contract and		
Name of Source of Honoraria		Name of Sou	rce of Honoraria		
1.	- HIERANDA AMARANA AMARANA	3.			
2.	***************************************	4.	protestiment protestiment in the contractive and an extension of t		
		BEFORE STATE AGENCIES			
List each executive branch agency before which you represent box.	nted or a	assisted others for compensation	of any amount. If none, check the		
None					
Name of Agency		Name	of Agency		
1.	ones monocomo	3.			
2.	econocio escapa con	4.			
		TH STATE AGENCIES			
List each executive branch agency to which you or a member \$1,000 during the reporting period. Indicate whether you or a fa	r of you amily m	r immediate family sold goods or ember sold the goods or services	services with a value in excess of If none, check the box.		
☐ None					
Name of Agency		Name Name	of Agency		
1.	alikish ndyaliyovawa su dende	3.			
2.	A CONTRACTOR OF THE CONTRACTOR	4.			
PART 9. INCOME RECEIVED) BY M	EMBERS OF IMMEDIATE FA	MILY		
List the type of economic activity representing each source of dependent child(ren) during the reporting period and the kind o of \$1,000 or more, list his or her name and job title. List only the not include gifts.	of incom	ne represented. If your spouse of	r domestic partner received income		
Name of Spouse or Domestic Partner and Job Title		ype of Economic Activity resenting Source of Income Received	Kind of Income		
Name: Mishael Blodgett Job Title: IT Consultant	1. A 2. DA 3. Fr.	tate of me. EXTIYS OSEArch	1. Rétirement 2. Salary 3. Salary		
Dependent Child(ren) - Job Titles Only					
Job Title:					
Job Title:	Photobook elemental and a second				
Job Title:		- Valence			

held any office	ofit or nonprofit corp , trusteeship, directe ensated. If a family	orship, or position	of any natu	re. Indicate wh	nether you or	a family held	the position and w	ediate family hether the posi-
☐ None	Andrews and the second	The second secon	and in the second se	550 100 PC + 10 10 FC + 1 FC + 10 10 10 10 10 10 10 10 10 10 10 10 10	tival envisivele en		м (1996) — 1996 — 1996 — 1996 — 1996 — 1996 — 1996 — 1996 — 1996 — 1996 — 1996 — 1996 — 1996 — 1996 — 1996 — 1	44 PM 4994-45 (1974-495) 4 PM 4954-4950 (1975) (1975) (1975) (1975) (1975) (1975) (1975) (1975) (1975) (1975)
	Organization/B and Addre	iusiness ess		Title	Pos	sition Held By:	Family Member's Name	Compen- sated?
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<u> </u>	na af Ki Signature	Colgette			-	2/2	/// pate	
			ADDITIO	NAL INFORM	IATION			
Please provid the informatio	e any additional i n you are providir	nformation belov ng. Use addition	w (and on nal pages,	additional she if necessary.	eets if neede	ed). Indicat	e the part or sect	ion number for
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PART 10. OFFICER OR DIRECTOR POSITIONS